

National Institutes of Health  
National Cancer Institute

Division of Cancer Treatment and Diagnosis  
Cancer Therapy Evaluation Program

**Transfer Investigational Agent Form**  
**Investigational Agent Accountability**

Investigator transferring agent:\*

NCI Investigator No.:

Date of transfer:

Dr. \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

This form is to be used for intra-institutional transfer(s) only for the following reasons. *(Please check one of the boxes below.)*

☐ Completed Protocol      ☐ Unused Agent Obtained for Special Exception Protocol

The following agent(s) required for NCI-approved protocol(s) are being transferred to NCI-approved protocol(s) for:

Dr. \_\_\_\_\_

Investigator receiving agent\* \_\_\_\_\_

NCI Investigator No. \_\_\_\_\_

Received on NCI Protocol No. **	Transferred to NCI Protocol No.	NSC No.	Agent Name	Strength and Formulation	Quantity	Manufacturer and Lot No.

\_\_\_\_\_  
**Authorized Signature (Investigator or Designee)**

\_\_\_\_\_  
**Phone No.**

\*Use one form per set of investigators.

\*\* No additional agents will be supplied for this protocol number.

All requested information MUST be supplied for form to be valid.

Return form to:  
Pharmaceutical Management Branch  
Investigational Drug Branch  
Division of Cancer Treatment and Diagnosis, NCI, NIH  
Executive Plaza North, Room 7149  
Bethesda, MD 20892